**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

CLAIMS AS FILED - PART I									SMALL	YTITM		OTHER	11
FOR			(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA			TYPE	. [	OR	SMALL	
FOR			NOMBE	RFILED		MOMBEH	EXTHA		RATE	FEE	.	RATE	FEE
BASIC FEE								1000		380.00	OR		760.00
TOTAL CLAIMS 20 minus 20= #							X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS (O minus 3 =   * 7								X39=		OR	X78=	546	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								נ	TOTAL		OR	TOTAL	1306
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3).									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		CL REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE/
	Total	* /	20	Minus	**	20	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	*	AN OF MI	Minus	PENIC		= 7		X39=		OR	X78=	54600
	THOTTHEOL	341711		T AVAI					+130=		OR	+260=	
				n n n n n		ADEL V		<u></u>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	1306r
		(Col	umn 1)_		(C	Column 2)	(Column 3)						
AMENDMENT B	ы 2. Т	REM A	AIMS IAINING FTER NDMENT	( an	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL I FEE
	Total	*02	$ ot\!\!/ $	Minus	××	20	=		X\$ 9=	-	OR	X\$18=	7
A RAIE	Independent	<u>* // 6</u>	8	Minus	**		= 97		X39=		OR	<del>×78</del> = /	80.0
	FIRST PRESE	NIAII	ON OF MIL	JLTIPLE DEF	PENL	DENT CLAIM			+130=		OR	+260=	7
								L	TOTAL			TOTAL	100 m
								A	ADDIT. FEE l		JON	ADDIT. FEE	<u> </u>
<u> </u>			umn 1) AIMS	lacione accasa el		Column 2) HIGHEST	(Column 3)	· -		····			
AMENDMENT C		REM Al	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	┟	X39=		OR	X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PEND	DENT CLAIM	<u></u> ,				UN		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130=		OR	+260=	
##	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL DDIT. FEE	]	OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 10-22.03 2 Serial/Patent # 09/429,047								
3 Ple	ease refund the following fee(s):	4 PAPER NUMBER		5 DATE FILED	6 AMOUNT			
	Filing	/0	2	50/6/63	\$ 77000			
	Amendment				\$			
	Extension of Time				\$			
	Notice of Appeal/Appeal				\$			
	Petition				\$			
	Issue			, .	\$			
	Cert of Correction/Terminal Disc.				\$			
	Maintenance				\$			
	Assignment	·			\$			
	Other				\$			
		7 TC	\$77000					
		8 TO BE REFUNDED BY:						
10 RE	ASON:	. Treasury Check						
	Overpayment	Credit Deposit A/C #:						
LX	Duplicate Payment		9	2 2	666			
	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: Wan Loymon TITLE: Phr. Sam.								
SIGNATURE: PHONE:								
OFFICE:								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: $\frac{HL}{DATE}$ DATE: $\frac{10/22/03}{2}$								
ļ				, ,	i			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B